Intervention: Training for food service workers

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

- ☐ Nonprofits or local coalitions
- ☒ Schools or universities
- ☐ Health care providers
- ☐ State public health departments
- ☐ Hospitals, clinics or managed care organizations
- ☐ Businesses or labor organizations
- ☐ Media
- ☐ Local public health departments
- ☐ Policymakers
- ☐ Other:

Background on the intervention:

Training can be offered to food service workers to change food purchase and preparation practices with the aim to reduce meal fat and salt content. Additionally, providing materials, training and follow-up to school cafeteria workers on meeting healthier nutritional standards may result in sustained changes in cafeteria menus.

Findings from the systematic reviews:

Studies by Ellison, et al., found that after food service workers received training, students consumed 15 to 20 percent less salt and 20 percent less saturated fat. The change led to lower blood pressure and cholesterol among students.

In the Hoelscher, et al., study, in a five-year follow-up after training, menus from half of the intervention cafeterias met the Eat Smart guidelines for fat, compared to 17 percent of school cafeterias that did not receive training.

Limitations:

The Ellison, et al., studies were conducted at two boarding schools.

Additional information:

Active Living Research – www.activelivingresearch.org

References:

Ellison RC, Capper AL, Goldberg RJ. The environmental component: Changing school food service to promote cardiovascular health. Health Education Quarterly 1989;16: 285-297.

Ellison RC, Goldberg RJ, Witchi JC. Use of fat-modified food products to change dietary fat intake of young people. American Journal of Public Health 2004; 80: 1374-1376.

Hoelscher DM, Feldman HA, Johnson CC. School-based health education programs can be maintained over time: Results from the CATCH institutionalization study. Preventive Medicine 2004;38: 594-606.